## BEST AVAILABLE COPY

DATENT ADDI IO ATION SEE DETERMINATION SEE								Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 1997										0	l	1145	8	
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMAL TYP		YTITY	OR	OTHEF SMALL	R THAN ENTITY		
FOR			NUMBER FILED			NUMBER EXTRA			RATE	<del></del> -	FEE		RATE	JE50
BASIC FEE			re a							3	95.00	OR		790.00
TOTAL CLAIMS				minus	20 =	*		] [	x\$11=			OR	x\$22=	
INDEPENDENT CLAIMS				minus 3 =		*		<u> </u>	x41=			OR	x82=	
MULT	TIPLE DEPEND	ENT CL	AIM PRE	SENT					 +135=	_				
* If th	e difference in co	olumn 1 is	less than a	zero, enter "0" i	n colum	n 2		L		+		OR	+270=	
									TOTAL	L		OR	TOTAL	
	A	(Colu	ımn 1)	AMENDED	(C	olumn 2)	(Column 3)	1	SMA	LL E	NTITY	OR		R THAN ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT			PRE	GHEST UMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* 4		Minus	**	20	= /		κ\$11=	:		OR	x\$22=	
	Independent	* /		Minus <sup>*</sup>	***	3	= /		x41=			OR	x82=	
	FIRST PRE	SENTA	TION OF	MULTIPLE	DEPE	NDENT CL	AIM	] [,	-135=	:		OR	+270=	
	•	(Col:	ımn 1)		(C	olumn 2)	(Column 3)	AD	TOTA DIT. FE			OR	TOTAL ADDIT. FEE	
AMENDMENT B	.,1	CL/ REM/ AF AMEN	AIMS AINING TER DMENT		HI N PRE	GHEST UMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE		ADDI- IONAL FEE		RATE	ADDI- FIONAL FEE
	Total	* 0	<u> </u>	Minus	**	20	= ·/	] [,	x\$11=	:	7	OR	x\$22=	\.\.\.
	Independent	* 6	2	Minus	***	3	=		x41=		7	OR	x82=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							] [-	⊦135=	=		OR	+270=	
		(Coli	umn 1)		(C	olumn 2)	(Column 3)	ADI	TOTA DIT. FE			OR	TOTAL ADDIT. FEE	
A		REM/ AF	AIMS AINING TER DMENT	Salara Aliana A	N PRE	GHEST UMBER VIOUSLY ND FOR	PRESENT EXTRA		RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**	<u> </u>	=	[>	x\$11=	: [		OR	x\$22=	
	Independent	*		Minus		<u></u>	=	x41=				OR	x82=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								-135=	:		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.														

09/1 <del>-1</del> 1498
SERIAL NUMBER

TO	:	
	_	

OFFICE OF FINANCE

FROM:

CRYSTAL PLAZA 2, LOBBY

PLEASE PROCESS THE FOLLOWING COLLECTIONS:

FEE CODE	AMOUNT	FEE CODE	AMOUNT
BASIC FEE		CLAIMS/MULTI	PLE DEPENDENT
960		964	_
961	<del></del>	965	
970	99	966	
971		967	
958		968	·
959		969	
956		LATE FEES/SUR	CHADCE
957		154	CHARGE
962		254	-
963		156	
OTHER:		581	<del>V</del> O
581	•		
241.			
141/			
THE ORIGINAL I	METHOD OF PAYMENT		
6	Y A CHECK		
В	Y A CHARGE TO DEPOS	SIT ACCOUNT NO.	
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